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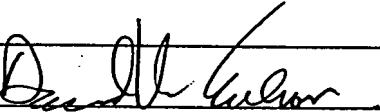
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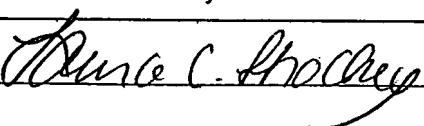
TRANSMITTAL FORM

(To be used for all correspondence
after initial filing)

Application Number	09/475,686
Filing Date	December 30, 1999
First Named Inventor	Bhusan Gupta
Group Art Unit	2632
Examiner Name	Van T. Trieu
Attorney Docket No.	99-B-156 (850063.571)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): <hr/> <hr/> <hr/>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Individual Name	David V. Carlson	 30423 <small>PATENT TRADEMARK OFFICE</small>
Signature		
Date	December 4, 2002	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.		
Typed or printed name	Laura C. Shockley	
Signature		Date: December 4, 2002

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Receipt

PTO/SB/21 (08-00)

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Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

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ENCLOSURES (check all that apply)

Fee Transmittal Form
 Fee Attached
 Amendment/Response
 After Final
 Affidavits/declaration(s)
 Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement; Form PTO-1449
 Cited References
 Certified Copy of Priority Document(s)
 Response to Missing Parts under 37 C.F.R. 1.52 or 1.53
 Response to Missing Parts/Incomplete Application

Assignment Papers (for an Application)
 Drawing(s)
 Request for Corrected Filing Receipt
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation, Change of Correspondence Address
 Declaration
 Statement under 37 CFR 3.73(b)
 Terminal Disclaimer
 Small Entity Statement
 Request for Refund

CD(s), Number of CD(s) _____

After Allowance Communication to Group

Appeal Communication to Board of Appeals and Interferences

Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

Proprietary Information

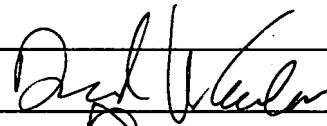
Status Letter

Return Receipt Postcard

Additional Enclosure(s) (please identify below):
Copy of Filing Receipt
Copy of Assignment

Remarks

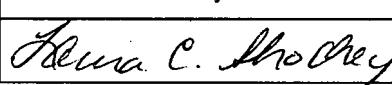
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	David V. Carlson	
Signature		
Date	Dec 15, 2003	

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Typed or printed name	Laura C. Shockley	
Signature		Date: 1-15-03



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PTO/SB/21 (08-00)

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Filing Date	December 30, 1999
First Named Inventor	Bhusan Gupta
Group Art Unit	2632
Examiner Name	Van T. Trieu
Attorney Docket No.	99-B-156 (850063.571)

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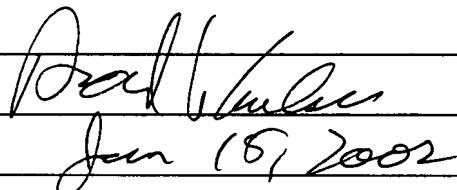
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Petition to Revive	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Cited References	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<u>Copy of Amendment dated</u> <u>December 4, 2002; and</u> <u>Copy of Returned Postcard</u>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	

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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

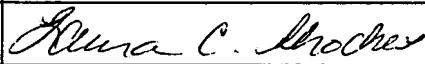
Individual Name	David V. Carlson	
Signature		
Date	Jan 15, 2003	

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Typed or printed name	Laura C. Shockley	
Signature		Date: 1-15-03

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,400)

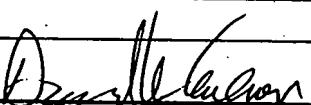
METHOD OF PAYMENT					
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
<input type="checkbox"/> Deposit Account: Deposit Account Number 19-1090 Deposit Account Name Seed Intellectual Property Law Group PLLC					
The Commissioner is authorized to (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any deficiencies to the above-identified deposit account.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	740	2001	370	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	510	2003	255	Plant filing fee	
1004	740	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
				SUBTOTAL (1)	(\$ 0)
2. EXTRA CLAIM FEES					
Total Claims	35	-27**	= 8	Extra Claims Fee from below	= 144
Independent Claims	7	-3**	= 4	= 336	Fee Paid
Multiple Dependent				*	
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	** Reissue Independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
				SUBTOTAL (2)	(\$ 480)
**or number previously paid, if greater; For Reissues, see above					

Complete if Known	
Application Number	09/475,686
Filing Date	December 30, 1999
First Named Inventor	Bhusan Gupta
Examiner Name	Van T. Trieu
Group Art Unit	2632
Attorney Docket No.	99-B-156 (8500000000)

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FEE CALCULATION (continued)						
3. ADDITIONAL FEES		Large Entity	Small Entity	Fee Description		
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
1051	130	2051	65	Surcharge - late filing fee or oath		
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet		
1053	130	1053	130	Non-English specification		
1812	2520	1812	2520	For filing a request for ex parte reexamination		
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action		
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action		
1251	110	2251	55	Extension for reply within first month		
1252	400	2252	200	Extension for reply within second month		
1253	920	2253	460	Extension for reply within third month		
1254	1440	2254	720	Extension for reply within fourth month		
1255	1960	2255	980	Extension for reply within fifth month		
1401	320	2401	160	Notice of Appeal		
1402	320	2402	160	Filing a brief in support of an appeal		
1403	280	2403	140	Request for oral hearing		
1451	1510	1451	1510	Petition to institute a public use proceeding		
1452	110	2452	55	Petition to revive – unavoidable		
1453	1280	1453	640	Petition to revive – unintentional		
1501	1280	2501	640	Utility issue fee (or reissue)		
1502	460	2502	230	Design issue fee		
1503	620	2503	310	Plant issue fee		
1460	130	1460	130	Petitions to the Commissioner		
1807	50	1807	50	Processing fee for provisional applications		
1806	180	1806	180	Submission of Information Disclosure Stmt		
8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1809	740	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
1810	740	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))		
1801	740	2801	370	Request for Continued Examination (RCE)		
1802	900	1802	900	Request for expedited examination of a design application		
Other fee (specify) _____						
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$ 920)		

SUBMITTED BY			
Name (Print/Type)	David V. Carlson	Registration No. Attorney/Agent	31,153
Firm Name/ Address			
Signature		Date	December 4, 2002



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